ALTERNATE PICK-UP REQUEST FORM

Emergency Food Assistance Program (EFAP) 2015 Income Guidelines		EFAP MAXIMUM INCOME		
		HOUSEHO SIZE	LD MONTHLY HOUSEHOLD INCOME	ANNUAL HOUSEHOLD INCOME
Date:		1	\$1,471.25	\$17,655
		2	\$1,991.25	\$23,895
Authorization: I hereby authorize, to pick up		3	\$2,511.25	\$30,135
		4	\$3,031.25	\$36,375
my United States Department of Agriculture Emergency Food Assistance Program (EFAP) commodities as I am unable to do so. Certification: I certify under penalty of perjury that my household income for the past 30 days does not exceed the EFAP monthly guidelines, or for the past twelve months does not exceed the annual guidelines and that the number listed for my household size is true and correct. Commodities are for my personal home use, not to be sold, traded, or given away.		5	\$3,551.25	\$42,615
		6	\$4,071.25	\$48,855
		7	\$4,591.25	\$55,095
		8	\$5,111.25	\$61,335
		9	\$5,631.25	\$67,575
		10	\$6,151.25	\$73,815
		Over 10	Add \$520 each	Add \$6,240 each
				REVISED 6/15
SIGNATURE	DRESS		PE	JMBER OF EOPLE IN DUSEHOLD
STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY ALTERNATE PICK-UP REQUEST FO	DRM	CALII	FORNIA DEPARTMENT C	F SOCIAL SERVICES
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ADDRESS

NUMBER OF PEOPLE IN HOUSEHOLD

ZIP CODE

REVISED 6/15

SIGNATURE